

APPLICATION FOR
NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION
12 MARCH 2004

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE 14 APRIL 2004. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
ATTN: Code 22E
1681 NELSON STREET
FORT DETRICK MD 21702-9203

E-MAIL: Acquisitions@nmlc.med.navy.mil
IN SUBJECT LINE REFERENCE: "CODE 22E"

A. NOTICE. This position is set aside for individual Family Practice Physicians. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. FAMILY PRACTICE PHYSICIAN. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in Family Practice. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award. (See Sections D and E).

Services shall be provided in the Prime Acute Care Clinic of the Naval Hospital, Jacksonville, FL. Depending on clinical workload, you may also be required to provide services in one of the Primary Care Clinics within the MTF.

The Prime Acute Care Clinic is open from 0900 to 2400, Monday through Sunday, including Holidays. You shall provide 80 hours of service per two week period. Shift lengths may be variable, from 8.5 hours (to include a .5 hour uncompensated lunch), to 9-12 hours (to include a 1 hour uncompensated lunch), to ensure shift coverage. Shifts shall be rotated with other staff physicians. Specific shift hours for each two week period shall be scheduled by the Commanding Officer or his/her representative one month in advance. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue eight hours of personal leave per 80 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall be required on no more than 5 of the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. Should you be required to work a federal holiday, you will receive another day off as scheduled by the Commanding Officer. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means Commanding Officer, Naval Hospital, Jacksonville, FL, or designated representative, e.g., Technical Liaison or Department Head.

B. Suits arising out of Medical Malpractice. The health care worker(s) is (are) serving at the military treatment facility under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. GENERAL DUTIES AND RESPONSIBILITIES. You shall perform a full range of Family Practice Physician services, within the scope of clinical privileges granted. Services shall be provided on site using government furnished supplies, facilities and equipment. Actual clinical performance will be a function of the overall demand for Family Practice services. Caseload includes scheduled and unscheduled requirements for care.

1. ADMINISTRATIVE/TRAINING DUTIES AND REQUIREMENTS. You:

1.1. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, you shall be required to read and initial the minutes of the meeting.

1.2. Participate in the provision of in-service training to members of the clinical and administrative staff on subjects germane to their specialties.

1.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

1.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

1.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.6. Maintain an awareness of responsibility and accountability for own professional practice.

1.7. Participate in continuing education to meet own professional growth.

1.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and fire/safety.

1.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

1.11. Adhere to infection control guidelines and practice universal precautions.

1.13. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and maintaining physical security.

1.14. Undergo orientation, as appropriate to the position. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data Module (ADM)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

1.15. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.16. Maintain statistical records of clinical workload. Operate and manipulate automated systems such as Composite Health Care Systems (CHCS), Ambulatory Data Module (ADM), , participating in education programs and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

1.17. Participate in patient and staff health education activities.

1.18. Participate in clinical staff quality improvement/management functions to include participation in peer review and performance improvement activities.

1.19. Provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.20. Provide timely documentation in the form of legible, accurate records/notes of the procedures performed and the care rendered to patients in accordance with the MTF requirements and professional standards.

1.21. Contractor personnel shall be subject to an Automated Data Processing (ADP) background check in accordance with DoD Publication 5200.2-R. Personnel shall be required to complete the paperwork necessary for the Government to complete the background check.

2. CLINICAL RESPONSIBILITIES. You shall perform a full range of Family Practice Physician services on a site using government-furnished supplies, facilities and equipment of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. In addition to those procedures identified in Attachment 1, you shall:

2.1. Provide a full range of family practice physician services (e.g., examine, diagnose and treat).

2.2. Supervise, perform, or assist in the instruction of, other health care professionals (e.g., diagnostic and treatment procedures) in accordance with clinical privileges.

2.3. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

2.4. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

2.5. Demonstrate awareness and sensitivity to patient/significant other's rights, as identified within the institution.

2.6. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner. Participate in peer review and performance improvement activities.

2.7. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

2.8. Maintain an awareness of responsibility and accountability for own professional licensure, credentials and certifications.

2.9. Perform limited administrative duties which include maintaining statistical records of clinical workload, operate and manipulate automated systems such as Composite Health Care System (CHCS), Ambulatory Data Module (ADM), participating in education programs and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

2.10. Use the CHCS system to enter orders and prescriptions; retrieve test results; request specialty consultation; and correspond via e-mail. You shall also be required to use ADM to capture ICD-9/CPT-4 encoded patient information.

2.11. Become familiar with, and demonstrate awareness of the Bylaws of the Medical Staff and the organizational and operational policies of the MTF, and comply therewith.

2.12. Become familiar with and understand the requirements of the Department of Defense TRICARE Program.

3. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

3.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and

3.2. The regulations and standards of professional practice of the treatment facility, and

3.3. The bylaws of the treatment facility's professional staff.

4. ORIENTATION/TRAINING

4.1. You shall attend the NHJAX orientation briefing during the first three months of commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data Module (ADM)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

5. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (F) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

5.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a

college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) or have completed the Fifth Pathway.

2. Have graduated from a Family Practice residency training program approved by the Accreditation Council for Graduate Medical Education or by the Committee on Postdoctoral Training of the American Osteopathic Association. Graduates of medical schools other than those accredited by these organization must have passed either the FMGEMS or the ECFM or have completed Fifth Pathway. Canadian practitioners who have graduated from an accredited Canadian medical school, and hold a license of the Medical Council of Canada, are accepted as equivalent to the Accreditation Council for Graduate Medical Education (ACGME) accredited graduate trained in an U. S. Hospital. They may apply and be granted core or supplemental privileges upon receipt of a State license.
3. Possess board certification in Family Practice or have completed residency training in Family Practice within the preceding 2 years. You are required to obtain board certification in Family Practice within 3 years of initial eligibility.
4. Possess a minimum of 3 years experience in a family practice setting within the preceding 4 years, or have completed a Family Practice residency training program within the preceding 2 years.
5. Possess a current, valid, unrestricted license to practice medicine in at least one of the fifty states, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands.
6. Have documentation of current Drug Enforcement Agency number.
7. Possess current certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; or American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. The Navy will provide recertification during normal working hours.
8. Possess Advanced Cardiac Life Support (ACLS) certification.
9. Submit three letters of recommendation written within the last two years attesting to your clinical skills. A minimum of one of the letters must be from a physician supervisor (allopathic or osteopathic). The other letters must be from either clinic or hospital administrators, or practicing physicians (allopathic or osteopathic). Reference letters shall attest to your communication skills and ability to relate to patients as well as professional and other interpersonal skills among staff members and must include name, title, phone number, date of reference, address and signature of the individual providing reference.
10. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment 4.
11. Submit your experience as demonstrated by your resume.
12. Submit a fair and reasonable price that has been accepted by the Government.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Application for Navy Contract Positions" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This shall include Board certification in Family Practice, then,
2. The letters of recommendation required in item D.9, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a family practice physician in a DoD medical facility.

4. Current Pediatric Advanced Life Support Certification (PALS).

F. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit the following:

1. _____ A completed " * Application for Navy Contract Positions " (Attachment 2).
2. _____ A completed Pricing Sheet (Attachment 3).
3. _____ Proof of employment eligibility (Attachment 4).
4. _____ Three or more letters of recommendation per paragraph D.9., above.
5. _____ Central Contracting Registration Confirmation Sheet (Attachment 5)
6. _____ Small Business Representation (Attachment 6)

*Please answer every question on the "Application for Navy Contract Positions". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Services/Individual Set Asides or can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or www.ccr.dlsl.dla.mil. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 5 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for a Family Practice MD is 621111.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or

via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 3, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package maybe addressed @ 301-619-8057.

We look forward to receiving your application.

GENERAL FAMILY PRACTICE PROCEDURES

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for adult medical care, including:

- Cardiopulmonary resuscitation
- Management of intensive care unit and cardiac care unit patients
- Stress electrocardiography
- Asthma
- Serum sickness
- Coronary artery disease
- Myocardial infarction, not complicated by serious arrhythmias or severe cardiac compensation
- Congestive heart failure
- Rheumatic heart disease
- Cardiac monitoring
- Interpretation of electrocardiograms
- Collagen vascular diseases
- Peptic ulcer disease
- Gastrointestinal bleeding, acute and chronic
- Intestinal obstruction, diagnosis
- Cholecystitis
- Pancreatitis
- Ulcerative colitis
- Thrombophlebitis
- Anemia, chronic
- Leukemia, chronic
- Thrombocytopenia
- Hepatitis
- Cirrhosis
- Hypertension
- Diabetes mellitus
- Diabetic ketoacidosis
- Diabetic hyperosmolar coma
- Thyroid diseases
- Pneumonia
- Emphysema
- Pneumothorax
- Pulmonary embolus
- Nephritis
- Pyelonephritis
- Renal failure, acute and chronic
- Osteoarthritis
- Rheumatoid arthritis
- Gouty arthritis
- Fluid and electrolyte disorders
- Meningitis
- Drug overdose
- Hypertensive crisis

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for medical care of children, including:

- Well child care
- Office pediatric problems
- Pneumonia

- Urinary tract infections
- Behavior problems
- Failure to thrive
- Status asthmaticus

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for dermatologic problems, including:

- Urticaria, acute and chronic
- Actinic keratosis
- Psoriasis
- Basal cell epithelioma
- Excisional biopsy
- Cryotherapy

Provide for the evaluation, examination, diagnosis, treatment, preventive care, family planning and contraception, and discharge planning of outpatients and inpatients for gynecologic care, including:

- Cervical biopsy
- Papanicolaou, G. (PAP) smear
- Diaphragm fitting
- Endometrial biopsy
- Culdocentesis
- Vaginal infections
- Gynecologic infections
- Dysfunctional uterine bleeding
- Chronic pelvic pain
- Insertion of intrauterine devices
- Infertility devices

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients with neurological problems, including:

- Lumbar puncture
- Seizure disorders
- Demyelinating disorders
- Stroke
- Parkinson disease

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for ophthalmologic problems, including:

- Removal of superficial ocular foreign bodies
- Ocular tonometry (Schiotz)

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for orthopedic problems, including:

- Management of nondisplaced fractures
- Low back pain
- Septic arthritis
- Closed reduction of simple fractures and dislocations
- Compartment syndrome, diagnosis and emergency management

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for otorhinolaryngologic problems, including:

- Removal of nasal foreign body
- Placement of anterior and posterior nasal hemostatic packing
- Removal of foreign body from the ear
- Endotracheal intubation, pediatric and adult
- Tympanometry
- Epistaxis
- Anterior nasal packing

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for surgical problems, including:

- Local anesthetic techniques
- Peripheral nerve block
- Repair of lacerations including those requiring more than one layer of closure
- Incision and drainage of abscesses
- Skin punch biopsy
- Excision of skin and subcutaneous lesions
- Incision and drainage of hemorrhoids
- Central venous pressure catheterization
- Venous cutdown
- Paracentesis
- Tube thoracostomy
- Breast cyst aspiration
- First assistant, major surgery
- Sigmoidoscopy with flexible and rigid sigmoidoscopes to 35 or 65 centimeter lengths
- Thoracentesis
- Arthrocentesis
- Burns, superficial and partial thickness
- Excision of cutaneous and subcutaneous tumors and nodules
- Biopsy of superficial lymph nodes
- Needle biopsy
- Anal fissure
- Pilonidal cyst excision

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for psychologic and psychiatric problems, including:

- Psychotic disorders
- Mood disorders
- Organic mental disorders
- Anxiety disorders
- Alcoholism and substance abuse disorders
- Personality disorders
- Somatoform disorders

Provide for the evaluation, examination, diagnosis, treatment, preventive care, and discharge planning of outpatients and inpatients for urologic problems, including:

- Epididymitis
- Testicular torsion
- Nephrolithiasis
- Suprapubic bladder aspiration

Prostatitis
Pyelonephritis

ADVANCED FAMILY PRACTICE PROCEDURES

Cardioversion, elective
Esophagogastroduodenostomy (EGD)
Liver biopsy
Pinch skin graft
Extensor tendon repair
Hemorrhoidectomy
Arterial line insertion
Osteopathic manipulative therapy
Vasectomy
Bone marrow aspiration and biopsy
Intrathecal analgesia
Nasopharyngoscopy
Thrombolytic therapy
Intravenous conscious sedation (doses which may result in unconsciousness or loss of protective reflexes)

APPLICATION FOR NAVY CONTRACT POSITIONS

A. General Information

Name: _____ SSN: _____

 Last First Middle

Date of Birth: _____

Address: _____

Phone: () _____

B. Medical Information

YES NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

2. Have you been hospitalized for any reason during the past 5 years?

3. Are you currently receiving or have you ever received formal mental health therapy?

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

6. Have you ever been unlawfully involved in the use of controlled substances?

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

(Signature)

(Date)

II. PROFESSIONAL

A. Advanced Education.

1. Medical School:

a. Name of Accredited School _____ Date of Training
(From) (To)

Type of Degree: _____

Location and Address of School:

b. Name of Accredited School: _____ Date of Training
(From) (To)

Type of Degree: _____

Location and Address of School:

2. Additional Education:

a. Name of Accredited School: _____ Date of Training
(From) (To)

Type of Degree: _____

Location and Address of School:

b. Name of Accredited School: _____ Date of Training
(From) (To)

Type of Degree: _____

Location and Address of School:

3. Continuing Education:

Title of Course	From	To	CE Hours
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4. Certifications

YES

NO

BLS Level C

Expiration Date: _____

NRP

Expiration Date: _____

ACLS

Expiration Date: _____

ATLS

Expiration Date: _____

Other:

Expiration Date: _____

B. Professional Employment. List your current and preceding employers for the past 5 years:

~~1.~~ Name and Address of Present Employer(s):

From: _____ To: _____

a. _____

2. Name and Address of Preceding Employers for the last 5 years:

a. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

Name and Address of Preceding Employers for the last 5 years (continued):

b. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

c. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

d. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

e. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

f. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____
From: _____ To: _____

g. Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Position/Title: _____

From: _____ To: _____

3. List military medicine experience :

a. Military Facility: _____
City: _____
State: _____ Zip Code: _____
Clinic/Department: _____
Position/Title: _____
From: _____ To: _____

b. Military Facility: _____
City: _____
State: _____ Zip Code: _____
Clinic/Department: _____
Position/Title: _____
From: _____ To: _____

c. Military Facility: _____
City: _____
State: _____ Zip Code: _____
Clinic/Department: _____
Position/Title: _____
From: _____ To: _____

4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.

5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?

Military Facility: _____
Position/Title: _____
Supervisor: _____
From: _____

6. List prior experience teaching or proctoring residents in graduate medical education settings.

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Membership in professional organizations that promote your specialty:

	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____

2. Have you ever been a defendant in a felony or misdemeanor case? _____
3. Have you ever had your professional license revoked? _____
4. Have you ever voluntarily surrendered your professional license? _____

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Drug Enforcement Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

Signature

Date

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 Aug 04 thru 30 Sep 04. Five option periods will be included which will extend services through 31 Jul 09, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Family Practice Physician in the Jacksonville, FL area. The average hourly price awarded previously for performance is \$92.59 for the Jacksonville, FL area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Family Practice Physician the Naval Hospital Jacksonville, in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Aug 04 thru 30 Sep 04	352	Hour	_____	_____
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	2088	Hour	_____	_____
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	2080	Hour	_____	_____
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	2080	Hour	_____	_____
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	2096	Hour	_____	_____
0001AF	Option Period V; 1 Oct 08 thru 31 Jul 09	1744	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant
Mariner Card

8. Native American tribal document

9. Driver's license issued by a
Canadian government authority

For persons under age 18 who
are unable to present a
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident
Citizen in the United States
(INS Form I-179)

7. Unexpired employment
authorization document issued
by the INS (other than those
listed under List a).

CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/> or <http://www.ccr.dlis.dla.mil/>. If you do not have internet access, please call (301) 619-8057 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command
ATTN: Code 02
1681 Nelson Street
Fort Detrick, MD 21702-9203
FAX (301) 619-2925 or (301) 619-6793

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

Email Address: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.
- ☐ () The offeror represents for general statistical purposes that it is a service disabled veteran owned small business.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ ___ Black American.
- ☐ ___ Hispanic American.
- ☐ ___ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ ___ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ ___ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name : _____

Notice of Contracting Opportunity No.: ___SE-06-04___